



REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum)

54567PCT8A

Box No. I TITLE OF INVENTION

NON-WOVEN ADHESIVE TAPE FOR THE MANUFACTURE OF A DIAPER CLOSURE SYSTEM

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

3M INNOVATIVE PROPERTIES COMPANY
3M Center
Post Office Box 33427
Saint Paul, Minnesota 55133-3427
United States of America

☐ This person is also inventor.

Telephone No.:

(651) 733-1500

Facsimile No.:

(651) 736-7586

Teleprinter No.:

29-7023

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

VON JAKUSCH, Egbert A.
Obenflachsberg 98,
D-42653 Solingen,
Germany

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only
(If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

DE

State (that is, country) of residence:

DE

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.

BOND, William J.
Office of Intellectual Property Counsel
Post Office Box 33427
Saint Paul, Minnesota 55133-3427
United States of America

Telephone No.:

(651) 736-4790

Facsimile No.:

(651) 736-7586

Teleprinter No.:

29-7023

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) JUNG, Dieter Moerser Strasse 31 c D-47447 Moers Germany		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small>
State (that is, country) of nationality: DE	State (that is, country) of residence: DE	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small>
State (that is, country) of nationality:	State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small>
State (that is, country) of nationality:	State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small>
State (that is, country) of nationality:	State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <small>(If this check-box is marked, do not fill in below.)</small>
State (that is, country) of nationality:	State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LR Liberia |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria and utility model | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> CZ Czech Republic and utility model | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DE Germany and utility model | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DK Denmark and utility model | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> EE Estonia and utility model | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> FI Finland and utility model | <input checked="" type="checkbox"/> SK Slovakia and utility model |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input checked="" type="checkbox"/> KZ Kazakstan | |
| <input checked="" type="checkbox"/> LC Saint Lucia | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

☐
 ☐

Preulatory Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Supplemental Box If the Supplemental Box is not used, this sheet need not be included in the request.


Continuation of Box No. IV.:

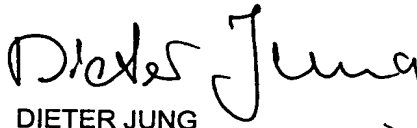
Griswold, Gary L.
Chernivec, Gerald F.
Qualey, Terryl K.
Cleveland, David R.
Little, Douglas B.
Sprague, Robert W.
Bates, Carolyn A.

All attorneys are members of the Office of Intellectual Property Counsel, 3M Innovative Properties Company.
Address, telephone number, telegraphic address and facsimile number of all are indicated in Box IV.

AGENT has power to appoint subagents.

Continuation of Box IX: Signature of Applicant or Agent:


EGBERT A. JAKUSCH


DIETER JUNG

Box No. VI PRIORITY CLAIM☐ Further priority claims are indicated in the Supplemental Box

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	Regional application*: regional Office	international application: receiving Office
item (1) (19.11.98) 19 November 1998	98203867.1		EP	
item (2)				
item (3)				

☐ The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year): Number: Country (or regional Office):

Box No. VIII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 5
description (excluding sequence listing part) : 34
claims : 4
abstract : 1
drawings : 2
sequence listing part of description : 0
Total number of sheets : 46

This international application is accompanied by the item(s) marked below:

1. ☒ fee calculation sheet
2. ☐ separate signed power attorney
3. ☐ copy of general power of attorney; reference number, if
4. ☐ statement explaining lack of signature
5. ☒ priority document(s) identified in Box No. VI as (1)
6. ☐ translation of international application into
7. ☐ separate indications concerning deposited microorganism or other biological
8. ☐ nucleotide and/or amino acid sequence listing in computer readable form
9. ☒ other (specify): Transmittal Letter, Return Receipt Postcard

Figure of the drawings which should accompany the abstract: 2

Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

3M INNOVATIVE PROPERTIES
COMPANY

By


Terry K. Qualey
Assistant Chief
Intellectual Property Counsel

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority specified by the applicant: ISA/	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's
file reference
54567PCT8A

Date stamp of the receiving Office

Applicant

3M INNOVATIVE PROPERTIES COMPANY**CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE	240.00	T
2. SEARCH FEE	1,002.00	S

International search to be carried out by EP
 (If two or more International Searching Authorities are competent in relation to the international

3. INTERNATIONAL FEE

BASIC FEE

The international application contains 46 sheets.

first 30 sheets 455.00 b1

<u>16</u>	X	<u>10.00</u>	=	160.00	b2
remaining sheets		additional amount			

Add amounts entered at b1 and b2
 and enter total at B. 615.00 B

Designation FeesThe international application contains 83 designations.

<u>10</u>	X	<u>105.00</u>	=	1,050.00	D
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Number of designation fees payable (maximum 10) amount of designation fee

Add amounts entered at B and D and enter total at I 1,665.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee.
 Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of
 the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 0.00 P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P,
 and enter total in the TOTAL box 2,907.00
TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge
 deposit account (see below)

☐ bank draft

☐ coupons

☐ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US ☒ is hereby authorized to charge the total fees indicated above to my deposit account.

☒ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated
 above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the
 International Bureau of WIPO to my deposit account.

13-3723

Deposit Account Number

25 October 1999

Date (day, month, year)

Terryl K. Qualey/clw
 Signature

Terryl K. Qualey
 Assistant Chief
 Intellectual Property Counsel